



Division of Developmental Disabilities
Developmental Index ICF-DD Level of Care Assessment
For Determination of DD Waiver Eligibility

Name _____ Date _____

Person ID# _____ DOB _____

Form completed by: _____ Title: _____

Date of IPP: _____ (*The Developmental Index must be completed annually, at the time of the annual IPP.*)

Please use the following guideline when completing Developmental Index:

Independent – Initiates and completes skill without staff intervention

Intermittent Supervision/Reminders – needs verbal cue to start task

Constant Supervision/Prompts – physical/verbal cues needed throughout task

Partial assistance – some hands on assistance needed

Total assistance – hands on assistance needed throughout task

Self-care *This section gauges the individual's level of dependence in 6 activities of daily living. Mark all that describes the individual's ability.*

A. Feeding/Eating: The ability to take nourishment. This may include the act of getting food from the plate to the mouth or self use of mechanical feeding devices.

- ☐ Independent.
- ☐ Intermittent supervision or reminders but individual can feed self.
- ☐ Needs constant supervision and/or partial assistance in setting up meals (i.e. cutting meat, pouring fluids) but individual could feed self.
- ☐ Needs and receives total assistance from another. Individual is unable to participate.

Comments: _____

B. Meal Preparation/Clean-up: The ability to open cans, boxes, or packages; read simple cooking instructions; set temperature correctly; operate appliances; and clean cookware, dishes, and eating utensils thoroughly.

- ☐ Independent.
- ☐ Intermittent supervision or reminders for preparing simple meals and using kitchen appliances.
- ☐ Individual is physically unable to perform tasks but is able to make choices and direct preparation and clean-up as needed.
- ☐ Needs constant supervision, and/or partial assistance during some or all steps of preparation and clean-up.
- ☐ Totally dependent on another for meal preparation or clean-up. Individual is physically or cognitively unable to participate.

Comments: _____

C. Toileting: The ability to get to and from the toilet, commode, bedpan, or urinal, including transfer to and from the toilet; management of clothing, cleansing; and the ability to get to the toilet to empty the bladder/bowel, including changing incontinence pad/briefs, cleansing and disposing of soiled articles.

- ☐ Independent. (This includes bladder and bowel continence)

- ☐ Intermittent supervision, cueing or minor physical assistance with clothes adjustment or hygiene.
- ☐ Needs constant supervision, and/or partial assistance during some or all steps of toileting.
- ☐ Totally dependent on another for all steps of toileting.

Comments: _____

D. Bathing: The ability to get to the bathing area, set correct temperature, and cleanse all parts of the body and the hair to maintain proper hygiene and prevent body odor including tub, shower, and/or sponge bath.

- ☐ Independent.
- ☐ Intermittent supervision or reminders. May need temperature set, prompting and cueing, or occasional help in and out of tub; can bathe independently.
- ☐ Needs constant supervision, and/or partial assistance during some or all steps of bathing.
- ☐ Totally dependent on another for bathing. Individual is physically or cognitively unable to participate.

Comments: _____

E. Grooming: The ability to do routine daily personal hygiene (combing hair, brushing teeth, shaving, menstrual care, and washing face and hands).

- ☐ Independent.
- ☐ Grooms self independently; may require intermittent supervision or prompting and cueing.
- ☐ Individual is physically unable to perform tasks but is able to make choices and give direction as needed.
- ☐ Constant supervision, partial or total assistance in some or all grooming needs.

Comments: _____

F. Dressing: The ability to put on and remove clothing, as needed. This includes both upper and lower body.

- ☐ Independent.
- ☐ Dresses self independently; may require prompting and cueing.
- ☐ Individual is physically unable to perform tasks but is able to make choices and give direction as needed.
- ☐ Physical assistance or presence of another at all times. Individual is physically or cognitively unable to participate.

Comments: _____

Receptive and Expressive Language *Mark all that describes the individual's ability.*

- ☐ Communication is unimpaired and readily understood.
- ☐ Has no speech but generally understands what is going on around him/her.
- ☐ Uses augmentative communication device and/or sign language (formal or informal).
- ☐ Speech is difficult for familiar others or strangers to understand.
- ☐ Indicates choices by making audible sounds, pointing, or leading others.
- ☐ Has no speech and generally does not understand what is going on around him/her or meanings.
- ☐ Doesn't express a wide range of emotions, or seems unhappy, sad, or unusually passive much of the time.
- ☐ Is unable to communicate needs in general.

Comments: _____

Learning *Mark all that describes the individual's ability.*

- ☐ Does not seem to know the function of common household objects (brush, telephone, fork, microwave, coffee pot).
- ☐ Does not follow simple instructions.
- ☐ Cannot ride a bicycle.
- ☐ Has trouble eating, sleeping, or using the toilet.
- ☐ Demonstrates no reading skills.
- ☐ Reads survival words and simple printed material and instructions (e.g. billboards, signs, recipes, etc.).
- ☐ Has no writing skill.
- ☐ Writes name, fills out checks, forms, applications, etc. independently.
- ☐ Comprehends what he/she writes and can read for enjoyment or education.

Comments: _____

Mobility *Mark all that describes the individual's ability.*

- ☐ Walks independently at all times.
- ☐ Uses wheelchair or other assistive device independently.
- ☐ Needs assistance for ambulation at times when surfaces are uneven or slippery, rising from a low seat, using stairs, stepping on/off curbs, etc.
- ☐ Needs constant supervision, and/or partial assistance with wheelchair maneuvering, such as negotiating doorways, elevators, ramps, locking or unlocking brakes, etc.
- ☐ Needs total assistance of another with wheelchair, turning and positioning, etc.
- ☐ Independently takes taxi or bus and can safely go about neighborhood and community (more than six blocks) alone.
- ☐ Can transfer on a bus.
- ☐ Has a learner's permit or driver's license.

Comments: _____

Self-direction The individual and/or authorized representative, such as a family member or their legal guardian has the authority and responsibility to make choices, exercise decision-making, and give direction to others regarding some or all of his/her DD services. *Mark all that describes the individual's ability.*

- ☐ Stops an activity without complaints when asked to do so or when time is up.
- ☐ Controls temper.
- ☐ Completes school projects, home activities, or work tasks on time.
- ☐ Creates or assists in development of self-reminders or cues to initiate, finish, and/or self-check own performance.
- ☐ Tells time or can plan or associate events relating to time periods of the day.
- ☐ Is not easily distracted and able to concentrate on any single activity for more than five minutes.
- ☐ Can perform errands (*mail letters, borrow an egg from neighbor, etc.*).

Comments: _____

Capacity for Independent Living *Mark all that describes the individual's ability.*

- ☐ One or more indicators in **Self-direction** (above) are marked.
- ☐ Can independently operate phone or computer.
- ☐ Respects property and accepts authority/directions.
- ☐ Avoids dangerous objects or engaging in dangerous or risky activities.
- ☐ Recognizes difference between fantasy and reality and acceptable and unacceptable behaviors.
- ☐ Independent in all aspects of medication administration and management.
- ☐ Needs intermittent supervision or reminders to administer medications or order medications from pharmacy.
- ☐ Total assistance needed with administration and management of medications.
- ☐ Exhibits fearful or timid behavior, resulting in avoidance or unwillingness to participate in activities.
- ☐ Is aggressive or self-abusive when angry or upset due to change in routine, asked to do or not do something, etc.
Describe aggressive or self-abusive behaviors: _____
- ☐ Must be supervised constantly or have supports on-site or within proximity to allow immediate on-site availability at all times due to health and/or safety concerns. *Give specifics: _____*
- ☐ Knowingly or unknowingly plays with dangerous objects or engages in dangerous or risky activities. *Give specifics: _____*

Comments: _____

Social Skills and Personality *Mark all that describes the individual.*

- ☐ Usually tells the truth.
- ☐ Knowingly makes false statements.
- ☐ Always or usually recognizes when others are trying to take advantage or him or her.
- ☐ Seldom or never recognizes when others are trying to take advantage or him or her.
- ☐ Table manners are socially acceptable.
- ☐ Table manners are not socially acceptable.
- ☐ Tries to take advantage or manipulate others. *Explain: _____*
- ☐ Seems unhappy, sad, or unusually passive much of the time, and may result in having few friends or limited interactions with co-workers.
- ☐ Can't differentiate between fantasy and reality.
- ☐ Doesn't recognize the difference between acceptable and unacceptable behaviors.
- ☐ Tends to run or wander away.
- ☐ Does not take instructions willingly.

Comments: _____

Economic Self-Sufficiency *Mark all that describes the individual's ability.*

- ☐ Receives earned and/or unearned income
- ☐ Counts change to \$1.00.
- ☐ Handles cash (*coins and currency*) to \$5.00 and understands value.
- ☐ Handles cash to \$10 or more and understands value.

- ☐ Makes small purchases (*pop, candy, etc.*)
- ☐ Makes routine purchases (*clothing, groceries, etc.*)
- ☐ Writes or directs others to write checks or use debit card.
- ☐ Keeps track of balances for petty cash, checking, savings, etc.

Comments: _____

Additional Comments or Explanations: _____